FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1   ONGANIZATION			ZU12 JUL 20 711110 =		
					F Price by CENTER
NAME OF COMMITTEE (in full)	(Check if r		e:If typing, type e lines.	ELZFE4M5	Marie Const.
Foxx PAC	<del>                                      </del>		<del>                                     </del>	<del>                                     </del>	
			<u> </u>	<u> </u>	
ADDRESS (number and street)	22780 Indian Cree	k Drive		1 1 1 1	
(Check if address	Suite 100	<u> </u>	<u> </u>		
is changed)	Dulles			VA	20166
		. CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS (Please provide o	=	is)		
(Check if address is changed)		<del></del>	<del>- </del>	<del>.                                     </del>	
e de la companya de La companya de la co				1-1-1-1-1-	
COMMITTEE'S WEB PAGE A	DDRESS (URL)	11 24 35			
(Check if address	. [		<u></u>		
is changed)				4,4-4-4-	
	16 2012	7.5			
3. FEC IDENTIFICATION I	NUMBER	<b>C</b> )	ne nerve p Les la cestal		
4. IS THIS STATEMENT	X NEW (N)	OR 💮	AMENDED (A)		
I certify that I have examined	this Statement and to	the best of my know	vledge and belief it	t is true, correc	t and complete.
Type or Print Name of Treasu	rer D. Todd Meredith	1 1/1	× 01		
Signature of Treasurer D. To	odd Merediil	) Novo	all	Date	1 7 3012
NOTE: Submission of false, erro	oneous, or incomplete inf				the penalties of 2 U.S.C. §437g.
Office Use Only		Fed Toll	further information c eral Election Commissi Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

 $\label{eq:continuous} ||\omega_{i,j}-M_{i,j}|| \leq c \sqrt{|M_{i,j}-M_{i,j}|} \frac{1}{2} \frac$ 

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	COMMITTEE					
Candid	ate Committae:					
(a) .						
(b) !	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidat						
Candidal Party Aff						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidat						
Party C	ommittee:					
(d) :	(National, State (Democratic, rational) or subordinate) committee of the Republican, etc.) Party.					
Politica	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint F	ndraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
c	ommittees Participating in Joint Fundraiser					
1	FEC ID number					
2	FEC ID number C					
3	FEC ID number C					
4						

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Write or Type Committee Name		- 1 age 0
Foxx PAC		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
VIRGINIA FOXX	,	
Mailing Address	11468 HWY 105	
	BANNER ELK NC 28604	-
	CITY STATE ZIF	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative X Leade	rship PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
D. Todd Me	eredith	
Full Name	22780 Indian Creek Drive	· · · · · · · · · · · · · · · · · · ·
Mailing Address	Suite 100	
	Dulles , VA , 20166	
Title or Position	CITY STATE ZIF	CODE
Custodian	Telephone number 703 - 467	7 - 9341
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name D. Todd Me	eredith	
of Treasurer	122780 Indian Creek Drive	<del>                                  .       .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .  </del>
Mailing Address	Suite 100	
		3 1 1 1 1
	I Duller	
	Dulles VA 20166  CITY STATE ZIP	CODE

FEC Form 1 (I	Revised 0 2/2009)	Page 4
Full Name of Designated Che Agent	eryl L. Freauff	
Mailing Address	22780 Indian Creek Drive	111111111
	Suite 100	<u> </u>
•	Dulles VA CITY STATE	20166 ZIP CODE
Title or Position Asst. Treasurer	Telephone number	703 - 467 - 9341
safety deposit boxes of Name of Bank, Depos		
Name of Bank, Depos		<del></del>
Name of Bank, Depos	sitory, etc.	<del></del>
Name of Bank, Depos	cess National Bank	
Name of Bank, Depos	cess National Bank 1800 Robert Fulton Drive	
Name of Bank, Depos	cess National Bank 1800 Robert Fulton Drive Suite 310	
Name of Bank, Depos	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	
Name of Bank, Depos  AC  Mailing Address	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	
Name of Bank, Depos  AC  Mailing Address	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  CCESS National Bank  1800 Robert Fulton Drive  Suite 310  Reston  CITY  STATE	

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):